

**CASH PRIZES  
BASKET PRIZES  
& MORE**

*Dailon Pearce  
Sports & Activity Director  
Sports.activities@bakerymca.org*

# **BAGS & BIRDIES**

**QUAIL RIDGE GOLF COURSE  
SAT JUNE 25th 8AM**

*Check-in begins at 7am*

**\$50/PLAYER MUST REGISTER IN TEAMS OF 2  
SPOTS ARE LIMITED REGISTER NOW!**



**"Birdies"**  
18-hole 2-person  
scramble. KP  
opportunity on  
hole 7 and 10  
with basket  
prizes. Cash prize  
to 1st-3rd place  
teams. Mulligans  
available. \$10ea or  
3/\$25

**"Bags"**  
Single elimination  
cornhole played by  
official game rules.  
A set of boards will  
be awarded to 1st  
place team. A set  
of bags will be  
awarded to 2nd  
place team.

# **TOURNAMENT**

**TO REGISTER VISIT BAKERYMCA.ORG | 3715 POCAHONTAS RD | (541)523-9622**

PLAYER 1/2

**Dailon Pearce**  
**Sports & Activity Director**  
**Baker County YMCA**  
**541-523-9622**

**dailon.sherman@bakerymca.org**



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

**P-R-I-N-T NEATLY**

**Participant's Name** \_\_\_\_\_  
(first) (last)

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

**(If under 18)**  
**PARENT/LEGAL GUARDIAN** \_\_\_\_\_ Cell# \_\_\_\_\_

**REGISTRATION FEE: \$50**  
**ARE YOU A QUAIL RIDGE GOLF COURSE MEMBER? Y \_\_\_\_\_ N \_\_\_\_\_**  
**Do you want to sponsor a hole for \$150? Y \_\_\_\_\_ N \_\_\_\_\_**  
*Hole sponsors register for FREE*

**WAIVER and AUTHORIZATION.** I certify that I am in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities; however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for me. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damages and for any claims or causes of action arising from my participation in the program. I give permission for media to be taken of me to be used for YMCA promotional purposes and sponsors.

**BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING**

Signature (Parent must sign if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**BRING COMPLETED FORM AND FEE TO:**  
Baker County YMCA (541)-523-9622  
3715 Pochontas Rd, Baker City, OR 97814

**FOR OFFICE USE**  
Amount Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT FORM w/PAYMENT TO YMCA FITNESS CENTER**  
**You are not registered until form is submitted. \*SPOTS ARE LIMITED\***

PLAYER 2/2

**Dailon Pearce**  
**Sports & Activity Director**  
**Baker County YMCA**  
**541-523-9622**  
**dailon.sherman@bakerymca.org**



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**P-R-I-N-T NEATLY**

**Participant's Name** \_\_\_\_\_  
(first) (last)

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

**(If under 18)**  
**PARENT/LEGAL GUARDIAN** \_\_\_\_\_ Cell# \_\_\_\_\_

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